

# BEST AVAILABLE COPY

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	66161	2/24/98
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	10	3/14/98
FORMALITY REVIEW	<i>[Signature]</i>	61730	8-25

Special Handling

70204

4-22-98

## INDEX OF CLAIMS

= Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
1	6/24/98
2	6/24/98
3	6/24/98
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Claim	Date
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Claim	Date
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150	6/24/98

If more than 150 claims, re 10 act ns, staple additional sheet here

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